

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 03/05/2015
NAME OF PROVIDER OR SUPPLIER HARBOUR MANOR HEALTH & LIVING COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1667 SHERIDAN RD NOBLESVILLE, IN 46060		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted 01/20/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 03/05/15</p> <p>Facility Number: 000551 Provider Number: 155381 AIM Number: 100267400</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Harbour Manor Health & Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2.</p> <p>This facility was surveyed as three separate buildings due to the construction dates of three sections of the building. Building 0102 constructed prior to March 1, 2003 was determined to be a one story facility of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. Building 0102 has smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. The facility has a capacity of 135 and had a census of 119 at the time of this survey.</p> <p>All areas where residents have customary access</p>	{K 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.	{K 000}			
{K 000}	Quality Review by Dennis Austill, Life Safety Code Specialist on 03/11/15. INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted 01/20/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 03/05/15 Facility Number: 000551 Provider Number: 155381 AIM Number: 100267400 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Harbour Manor Health & Living Community was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety From Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Building 0202 and Building 0302, the newly constructed Rehab Building, were surveyed using Chapter 18, New Health Care Occupancies. This facility was surveyed as three separate buildings due to the construction dates of three sections of the building. Building 0202 and Building 0302 constructed in 2013, are each one story determined to be of Type V (111)	{K 000}			

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{K 000}	<p>Continued From page 2</p> <p>construction and fully sprinklered. Building 0202 consists of the Activities Room and Building 0302 consists of the Rehab Building. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. Building 0302 has smoke detectors hard wired to the fire alarm system installed in all 40 resident sleeping rooms. The facility has a capacity of 135 and had a census of 110 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached garage providing facility storage services which was not sprinklered.</p> <p>Quality Review by Dennis Austill, Life Safety Code Specialist on 03/11/15.</p>	{K 000}			